

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/816151</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				31						
2		1		1			32						
3		1		1			33						
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TOTAL IND. <u>19</u>							TOTAL IND. <u>23</u>						
TOTAL DEP. <u>20</u>							TOTAL DEP. <u>24</u>						
TOTAL CLAIMS <u>39</u>							TOTAL CLAIMS <u>47</u>						